



**SACRAMENT OF BAPTISM FORM**

**St. Mark's Cathedral  
908 Rutherford Street  
Shreveport, Louisiana 71104  
(318) 221-3360      FAX (318) 424-8427**

Candidate's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
(include maiden name)

Address \_\_\_\_\_

\_\_\_\_\_  
(city)                      (state)                      (zipcode)                      (home phone)  
(cell phone) \_\_\_\_\_ (business phone) \_\_\_\_\_

Religion of Father \_\_\_\_\_ Religion of Mother \_\_\_\_\_

**GODPARENTS (Full Names)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_

**Number of relatives attending:** \_\_\_\_\_